

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

SHORE PAC

ADDRESS (number and street)

PO Box 3157

Check if different  
than previously  
reported. (ACC)

Long Branch

NJ

07740

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00410308

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☒ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
08 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
08 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Warren B Goode

Signature of Treasurer

Warren B Goode

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
09 20 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SHORE PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y  
 08 / 01 / 2016

To:

 M M / D D / Y Y Y Y  
 08 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		105727.68
(b) Cash on Hand at Beginning of Reporting Period.....	78142.49	
(c) Total Receipts (from Line 19) .....	32500.00	218500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	110642.49	324227.68
7. Total Disbursements (from Line 31) .....	30060.25	243645.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	80582.24	80582.24
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**SHORE PAC**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
08	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y Y
08	/	31	/	2016

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

3000.00

27000.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

3000.00

27000.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

29500.00

191500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

32500.00

218500.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ..... ▶

32500.00

218500.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

32500.00

218500.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	7060.25	48145.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	7060.25	48145.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23000.00	195500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	30060.25	243645.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30060.25	243645.44

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	32500.00	218500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32500.00	218500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	7060.25	48145.44
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	7060.25	48145.44

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SHORE PAC

Full Name (Last, First, Middle Initial)

A. Laurence M. Downes

Mailing Address 1 Stuart Lane East

City	State	Zip Code
Princeton Junction	NJ	08550

FEC ID number of contributing federal political committee.

C

Name of Employer

New Jersey Resources

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M = M	/	D = D	/	Y = Y Y = Y Y
08	/	08	/	2016

Transaction ID : 11ai-000039401

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M = M	/	D = D	/	Y = Y Y = Y Y
-------	---	-------	---	---------------

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M = M	/	D = D	/	Y = Y Y = Y Y
-------	---	-------	---	---------------

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

3000.00

TOTAL This Period (last page this line number only).....▶

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 16

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

## **A. American Optometric Association PAC (AOA-PAC)**

Mailing Address 1505 Prince Street Suite 300

City State Zip Code  
Alexandria VA 22314-2874

FEC ID number of contributing  
federal political committee.

**C** C00024968

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**08 / 08 / 2016**

**Transaction ID : 11c-000039402**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. American Medical Association PAC (AMPAC)**

Mailing Address 25 Massachusetts Avenue NW Suite 6

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee.

**C** C00000422

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**08 / 18 / 2016**

**Transaction ID : 11c-000039475**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. IBEW PAC**

Mailing Address 900 Seventh Street NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee.

**C** C00027342

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**08 / 18 / 2016**

**Transaction ID : 11c-000039477**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

7500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 16

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. AFSCME People PAC**

Mailing Address 1625 L Street NW

City	State	Zip Code
Washington	DC	20036

FEC ID number of contributing  
federal political committee.

C C00011114

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M = M	/	D = D	/	Y = Y Y = Y
08	/	18	/	2016

**Transaction ID : 11c-000039476**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Sheet Metal Workers International Association PAL**

Mailing Address 1750 New York Avenue NW

City	State	Zip Code
Washington	DC	20006

FEC ID number of contributing  
federal political committee.

C C00007542

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M = M	/	D = D	/	Y = Y Y = Y
08	/	18	/	2016

**Transaction ID : 11c-000039478**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. American Association of Orthopaedic Surgeons (AAOS) PAC**

Mailing Address 317 Massachusetts Avenue NE

City	State	Zip Code
Washington	DC	20002-5769

FEC ID number of contributing  
federal political committee.

C C00343137

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M = M	/	D = D	/	Y = Y Y = Y
08	/	24	/	2016

**Transaction ID : 11c-000039474**

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 16

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

## **A. IBEW PAC**

Mailing Address 900 Seventh Street NW

City State Zip Code  
 Washington DC 20001

FEC ID number of contributing  
federal political committee.

**C** C00027342

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

M = M / D = D / Y = Y - Y - Y  
 08 25 2016

**Transaction ID : 11c-000039479**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. International Union of Painters & Allied Trades PAC (IUPAT PAC)**

Mailing Address 7234 Parkway Drive

City State Zip Code  
 Hanover MD 21076

FEC ID number of contributing  
federal political committee.

**C** C00000885

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M = M / D = D / Y = Y - Y - Y  
 08 30 2016

**Transaction ID : 11c-000039480**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M = M / D = D / Y = Y - Y - Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

7000.00

**TOTAL** This Period (last page this line number only)..... ►

29500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 1270

City

Newark

State

NJ

Zip Code

07101

Purpose of Disbursement

See Memo Items

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☐ General☒ Other (specify) ▼

Annual

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

**Transaction ID : 21b-02-01309-0000**

Amount of Each Disbursement this Period

4260.25
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Google DC CTG**Mailing Address 25 Massachusetts Avenue NW  
Suite 900

City

Washington

State

DC

Zip Code

20001

Purpose of Disbursement

Food &amp; Beverage

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☐ General☒ Other (specify) ▼

Annual

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

**Transaction ID : 21b-02-01309-01663**

Amount of Each Disbursement this Period

591.53
--------

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Google Ethics**

Mailing Address 1600 Amphitheatre Parkway

City

Mountain View

State

CA

Zip Code

94043

Purpose of Disbursement

Food &amp; Beverage

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☐ General☒ Other (specify) ▼

Annual

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

**Transaction ID : 21b-02-01309-01660**

Amount of Each Disbursement this Period

315.00
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☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4260.25
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. Safeway Store**

Mailing Address 4203 Davenport Street NW

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Food & Beverage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Annual

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		19		2016

**Transaction ID : 21b-02-01309-01661**

Amount of Each Disbursement this Period

172.97
--------

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. We The Pizza**

Mailing Address 305 Pennsylvania Avenue SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Food & Beverage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Annual

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		19		2016

**Transaction ID : 21b-02-01309-01664**

Amount of Each Disbursement this Period

276.39
--------

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. We The Pizza**

Mailing Address 305 Pennsylvania Avenue SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Food & Beverage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Annual

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		19		2016

**Transaction ID : 21b-02-01309-01665**

Amount of Each Disbursement this Period

13.32
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☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. Safeway Store**

Mailing Address 4203 Davenport Street NW

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Food & Beverage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Annual

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		19		2016

**Transaction ID : 21b-02-01309-01666**

Amount of Each Disbursement this Period

86.54
-------

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Safeway Store**

Mailing Address 4203 Davenport Street NW

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Food & Beverage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Annual

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		19		2016

**Transaction ID : 21b-02-01309-01667**

Amount of Each Disbursement this Period

38.75
-------

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Acqua AI 2**

Mailing Address 212 7th Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Food & Beverage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Annual

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		19		2016

**Transaction ID : 21b-02-01309-01668**

Amount of Each Disbursement this Period

2765.75
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☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. Common Sense Consulting**

Mailing Address PO Box 21

City  
HopewellState  
NJZip Code  
08525Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2016

**Transaction ID : 21b-02-01303-01653**

Amount of Each Disbursement this Period

1250.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jodi Woolley**

Mailing Address 83 Navesink Avenue

City  
RumsonState  
NJZip Code  
07760Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2016

**Transaction ID : 21b-02-01304-01654**

Amount of Each Disbursement this Period

300.00
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Davey Consulting LLC**

Mailing Address 322 17th Street NE

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Fundraising Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2016

**Transaction ID : 21b-02-01305-01655**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

2550.00
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<b>X</b>	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

SHORE PAC

7060.25

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. DCCC**

Mailing Address 430 South Capitol Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Annual

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2016

**Transaction ID : 23-02-01306-01656**

Amount of Each Disbursement this Period

15000.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Joe Garcia for Congress**

Mailing Address PO Box 330871

City	State	Zip Code
Miami	FL	33233

Purpose of Disbursement  
Contribution

Candidate Name

**Joe Garcia**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 26

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2016

**Transaction ID : 23-02-01308-01658**

Amount of Each Disbursement this Period

2000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Schneider for Congress**

Mailing Address PO Box 1318

City	State	Zip Code
Deerfield	IL	60015

Purpose of Disbursement  
Contribution

Candidate Name

**Bradley Scott Schneider**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 10

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2016

**Transaction ID : 23-02-01299-01649**

Amount of Each Disbursement this Period

2000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

19000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. Monica Vernon for Congress**

Mailing Address PO Box 1635

City	State	Zip Code
Cedar Rapids	IA	52406

Purpose of Disbursement  
Contribution

Candidate Name

**Monica W. Vernon**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2016

**Transaction ID : 23-02-01300-01650**

Amount of Each Disbursement this Period

2000.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mowrer for Iowa**

Mailing Address PO Box 9

City	State	Zip Code
Boone	IA	50036

Purpose of Disbursement  
Contribution

Candidate Name

**Jim Mowrer**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2016

**Transaction ID : 23-02-01302-01652**

Amount of Each Disbursement this Period

2000.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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23000.00
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